

Request for Cancellation of Certificate

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POSTED
004/23/K

Mail or Fax a copy of this form to: Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210 PHONE (803) 896-5100 FAX (803) 896-5199	Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800
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DATE: 12/15/17 ^{TODAY'S DATE} 4/17/18
 closed

Please consider this a request to cancel my:

- ☐ Class C Taxi Certificate
 ☐ Class A Restricted Certificate
- ☒ Class C Charter Certificate
- ☐ Class C Charter Bus Certificate
- ☐ Non-Emergency Certificate
- ☐ Class E Household Goods Certificate
- ☐ Class E Hazardous Wastes Certificate

My Certificate Number is 8293LAKE SIDE LIMOUSINE

(Name of Company)

DBA _____

(If applicable)

2012 Stone Quarter CT

(Street Address)

(Mailing Address if different from Street Address)

York SC 29745

(City, State, Zip Code)

(City, State, Zip Code)

OLD

NEW

704 957 9151 941 249 7879

(Telephone Number)

[Signature]
 (Signature)

OWNER

(Title) Owner, President, etc.